

July 2016

**Member Handbook  
Commonwealth of Massachusetts  
Group Insurance Commission  
Employees and Retirees without Medicare**

Dear HNE Subscriber:

Thank you for your membership! Listed below are the major changes to your health plan, which are also described in your new Member Handbook. If you would like to request a copy of the new handbook, please feel free to call HNE Member Services.

**Deductible:**

- The Deductible year will run July 1, 2016 – June 30, 2017.

**Copays:**

- The Urgent Care Center Copay will decrease to \$20 per visit.

**The following sections within the handbook were updated:**

- How to Obtain Benefits
- Covered Benefits
- Eligibility
- How to Enroll and When Coverage Begins
- Coordination of Benefits and Subrogation
- Definitions

**Section 3 – Covered Benefits**

**Urgent Care Center / Retail Medical Clinic**

**You pay...      \$20 per visit**

Urgent Care Centers are groups of providers who treat conditions that should be checked right away, but aren't as severe as emergencies. They can often do X-rays, lab tests and stitches. Using an independent urgent care center instead of a hospital emergency room saves you money. Be aware, however, that facilities owned and operated by hospitals are hospital sites, not Urgent Care Centers, and often bill your visit as an emergency room visit.

Retail Medical Clinics are licensed medical clinics located at certain pharmacies that provide services by nurse practitioners or physician assistants for basic primary medical services. These services are limited to episodic, urgent care such as treatment for an earache or sinus infection.

### **Section 3 – Covered Benefits – Routine Child and Adult Immunizations**

The following is **added** to the list of “What is Covered.”

- Zostavax® vaccine for the prevention of shingles (herpes zoster) is covered for members 60 years of age and older.

### **Section 3 – Diagnostic Testing**

The following is **added** to the description of what is covered for Sleep Studies.

You must have Prior Approval for sleep studies. This applies both to home sleep studies and to sleep studies done in a facility. You must also have Prior Approval for Positive Airway Pressure devices and supplies that may be prescribed as a result of a sleep study. These devices include, for example:

- CPAP (Continuous Positive Airway Pressure device)
- BiPAP (Bi-level Positive Airway Pressure device)
- Pressure Support Ventilator

### **Section 3 – Outpatient Drug or Alcohol Rehabilitation**

The following is **added** to the list of “What is Covered.”

- Clinical Stabilization Services (CSS) and Acute Treatment Services (ATS) for the treatment of substance abuse. (Prior Approval is not required when you use an In-Plan facility licensed by the Massachusetts Department of Public Health. Your provider must contact Health New England within 48 hours of the admission. After the first 14 days of your stay, we may review whether your care continues to be Medically Necessary and appropriate. This 14-day period is a combined total for CSS and ATS.)

### **Section 4 – Exclusions and Limitations**

This item is **added** to the list of *Exclusions*:

- Digital tomosynthesis (3D mammography)
- Laser hair removal
- Marijuana for medical use

### **Section 5 – Claims and Utilization Management Procedures**

The following is **added** to the list of Procedures that Require Prior Approval

- Infusion therapy is when a drug is delivered through a needle or catheter into a vein. Some drugs can be delivered by subcutaneous infusion. (That is, delivered through a needle that is placed into the fatty tissue just below the skin’s first layer.) Some high cost infusion drugs require Prior Approval. These drugs are not a part of your prescription drug benefit. They are part of your medical benefit. To find out if a certain infusion drug requires Prior Approval, your provider can check the pharmacy “Drug Lookup” on [healthnewengland.org](http://healthnewengland.org).

### **Section 12 – Coordination of Benefits**

#### ***What happens if one of my Dependents or I am enrolled in Medicare?***

If you are an ACTIVE employee age 65 or over, present your HNE card (not your Medicare card) to ensure HNE is charged for the visit. If you are still working and are age 65 or over, HNE is your primary health insurance provider; Medicare (if you have it) is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

**The following notices in Appendix A of your Member Handbook have been updated:**

- Group Health Continuation coverage under Cobra General Notice
- The Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Important Notice from the Group Insurance Commission (GIC) about Your Prescription Drug Coverage and Medicare
- Medicaid and the Children's Health Insurance Program (CHIP)

If you have any questions about your plan or would like to request a new handbook, please feel free to call Member Services at (413) 787-4004 or (800) 310-2835 (TTY/TDD: (800) 439-2370). Our staff is available Monday – Friday, 8 a.m. – 6 p.m.

Sincerely,

A handwritten signature in black ink that reads "John Florek". The signature is written in a cursive, flowing style.

John Florek  
Member Services Manager

Enc. New Member Handbook